## **Identify Potential Hazards Identify Controls** Pre-Task Review (Yes/No/NA) ☐ Abrasions ☐ Air Monitoring 1. Has Job Hazard Analysis been completed ☐ Barricades/Fencing/Silt Fencing ☐ Biological Hazards (plants, animals, insects) and reviewed? ☐ Cave-in (trench/excavation work) ☐ Buddy System 2. Is Job Scope understood ☐ Chemical/Thermal Burn ☐ Appropriate Clothing/Monitoring of Weather Personnel? ☐ Confined Space Procedures ☐ Cuts Proper Safety Equipment on job site? □ Dermatitis ☐ Decontamination Permit Issues? ☐ Dropping Materials/Tools to lower level □ Drinking Water/Fluids What type? ☐ Hot Work ☐ Drowning/Flowing water ☐ Dust abatement Measures ☐ Confined Space ☐ Excavation ☐ Dust ☐ Equipment inspection □ Other: ☐ Electrical Shock ☐ Exclusion zones Proper Tools for Job on site? ☐ Elevated/Overhead Work ☐ Exhaust ventilation 6. Oxygen/Flammability checked? ☐ Fall Protection ☐ Energized Equipment 7. Reviewed MSDSs for any hazardous ☐ Fire ☐ Fire extinguisher/Fire watch ☐ Flammability ☐ Flotation Devices/Lifelines substance that might be present? 8. Proper training for all personnel? ☐ Foreign body in eye ☐ Grounds on Equipment/Tanks ☐ Hazardous materials (exposure or release) ☐ Ground Fault Interrupter 9. Are there any planned deviations from set ☐ Heat or Cold Stress ☐ Ground Hydraulic Attachments procedures for equipment modifications? ☐ Heavy Equipment Operation ☐ Hand signal communication \_\_ If so, contact supervisor to check ☐ Hazardous/Flammable material storage ☐ Heavy Lifting applicability of MOC procedures. ☐ High Noise Levels ☐ Hazardous Plant/Animal Training 10. Is there any work planned that could ☐ Impact Noise ☐ Hearing Protection (Specify) cause activation of ☐ Hoses. Access to water ☐ Inability to maintain communication procedures? If so. have ☐ Hot Work Procedures ☐ Inclement weather procedures been discussed ☐ Overhead work ☐ Insect Repellent or Precautions communicated? ☐ Isolation of Equipment or Process (LO/TO) ☐ Overhead utilities ☐ Storm-water Control Procedures/Methods ☐ Underground Utilities **Post-Task Review** ☐ Pinch points ☐ Machine/Equipment Guarding Work area cleaned up? ☐ Manual Lifting Equipment (Chain Falls) ☐ Pressurized lines 2. All locks and tags removed and signed off ☐ Protective Equipment (specify) ☐ Slips, Trips, Falls by individuals? ☐ Sprains/Strains ☐ Proper lifting techniques 3. Have Permits been turned in? ☐ Traffic ☐ Proper tool for Job 4. STAR submitted to EHS Department? ☐ Confined Space ☐ Radio Communication 5. Were there any unplanned deviations ☐ New or Rental Equipment ☐ Respirator, (specify type) from set procedures or equipment ☐ Surface Water Run-On/Run-Off ☐ Safety Harness/Lanyard/Scaffold modifications? □ Odor/VOC Emissions ☐ Sloping, Shoring, Trench Box If so, contact supervisor to check ☐ Compressed Gas Cylinders ☐ Vehicle Inspection applicability of MOC procedures. ☐ Generated Wastes (solids/liquids) ☐ Spill Prevention Measures/Spill Kits ☐ Equipment Manuals/Training ☐ Known/Unknown Visitors ☐ Visibility ☐ Emergency Procedures/Incident Management Plan □ New Personnel ☐ Appropriate Labels/Signage ☐ Hoists/Rigging/Slings/Wire Rope ☐ Special Operations/Instructions (attach) ☐ Derived Waste Management Plan ☐ Ergonomics ☐ Visitor Escort/Orientation/Security ☐ Window Cleaning/Defrost

☐ Proper Work Position/Tools

emergency

these

and

## Safety Task Analysis

Safety Task Analysis Review	List Additional Hazards (Hazards Not Shown with Check Box)	Signatures of Personnel on Task Analysis Review/Tailgate Meeting:
Task Description:		
List Tasks:		Mentor Assigned to Work
		Mentor Assigned to Work
		Lessons Learned (Based on changes in conditions (Near-Incidents/Observations, Potential Emergencies)
	List Additional Contorls (Controls Not Shown with Check Box)	Is there a better/safer way to perform the work/task?
		Supervisor Review (date/Time):
Company:	Tailgate Meeting Topic	EHS Review (date/time):
Completed By:		Comments:
Date:		
Job Location:		